

# PLANT IDENTIFICATION FORM

COOPERATIVE EXTENSION SERVICE, Montana State University, Bozeman, MT and  
U.S. Department of Agriculture and Montana Counties Cooperating

TO: Catherine Seibert  
Herbarium (Plant Sciences Dept.), 408 Lewis Hall  
Montana State University  
Bozeman, MT 59717

Date: \_\_\_\_\_

Accompanying this form is a plant sample to be identified. **Items #1 through #3 provide critical data needed to help with identification**, but please answer all items before submitting the plant sample.

1. **Sample collected by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_
2. **Sample was collected where? In this Montana county:** \_\_\_\_\_  
**In or near this Montana city, town or major landmark:** \_\_\_\_\_  
If not Montana, specify where: \_\_\_\_\_
3. **Sample was collected in this habitat:** (circle proper items or specify below)  
within house    lawn    garden    farmyard    pasture    forest    roadside    range land    water  
crop-field:    crop= \_\_\_\_\_ other: \_\_\_\_\_
4. **Sample is from this *kind* of plant:** (circle proper item)  
cultivated landscape plant    garden flower    house plant    weed    wild flower    other
5. **Sample is from this *form* of plant:** (circle proper item)  
tree    shrub    vine    flower    forb    herb    cactus    grass    moss    other
6. **Prevalence:** (circle proper item)    abundant    several    scattered    few or just one
7. **Other plant information:** \_\_\_\_\_
8. **Reference specimen (if possible) to be returned later:** (circle proper item)    yes    no  
(Note: \$1.00 per specimen charge when they are returned to the county office.)
9. **Email identification info:**    yes    no    **Email address:** \_\_\_\_\_

After receiving the results of the identification, if you would like to have a control recommendation, please call the MSU Extension Weed Specialist at (406) 994-5686.

**COUNTY** \_\_\_\_\_ **AGENT** \_\_\_\_\_

**COMMENTS:** (for use by Herbarium) \_\_\_\_\_

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